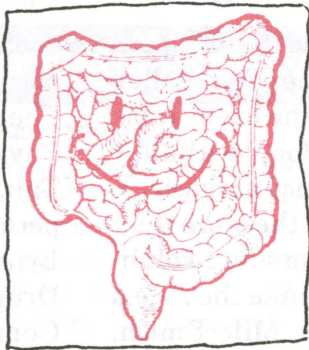


Wellspring

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Fairfield, CA

How Your Digestive System Works

Your digestive system is comprised of the digestive tract and the various organs that contribute to the digestive process.



From your mouth to your rectum, the digestive tract is basically a tube through which nutrients pass. The digestive organs — including the salivary glands, liver and pancreas — secrete digestive fluids that break down food as it passes through the tract.

"The digestive process begins with your teeth," explains Intercommunity Medical Group gastroenterologist Merle Sogge. "Your teeth break up food into small particles which mix with your saliva. Saliva, secreted by the salivary glands, helps lubricate the food and begins the chemical process of breaking it down. When you swallow, the food travels down your esophagus, which is basically a conduit to the stomach," Dr. Sogge says.

When the food reaches your stomach, it mixes with

acids and digestive fluids. Churned into a semi-liquid state, it then passes into the duodenum, where it is broken down further by digestive enzymes from the liver, gall bladder and pancreas.

The food then passes into the small intestine, where most of the absorption takes place. Nutrients are absorbed through the intestinal lining into a network of blood vessels supplying the intestine. Undigested matter passes into the large intestine, which removes water from the waste. The remaining residue passes into the rectum and is expelled.

"In such a complex system there's a potential for many problems," Dr. Sogge says.

"Digestive problems are rated as one of the top five problems resulting in the loss of work time," he explains. "Digestive problems can be caused by stress, substance abuse, poor diet and even genetics."

Digestive problems may lead to conditions that obstruct the passage of food along the digestive tract, or by conditions interfering with the breakdown and absorption of nutrients.

In this Wellspring, we'll look at all you can do to treat and prevent digestive tract ailments. ■

Wellspring is the source

Wellspring is NorthBay Medical Center and VacaValley Hospital's award-winning quarterly community newsletter. Wellspring provides the latest information on current health topics.

IN THIS ISSUE

"I got a Rumbly in my Tumbly," Winnie the Pooh once said after a particularly hearty portion of honey. And Pooh Bear's not the only one. Millions of Americans each day experience some sort of digestive tract upset. In this Wellspring, you'll learn what you can do to keep your stomach free from "rumbles" and other troubles.

When To Take Your Stomach To The Doctor

The inside of most American medicine cabinets is a testament to the frequency in which many of us suffer some sort of digestive tract ailment. Alka Seltzer, Pepto-Bismol, Metamucil and Tums are as commonly found on the bathroom shelf as aspirin and deodorant.

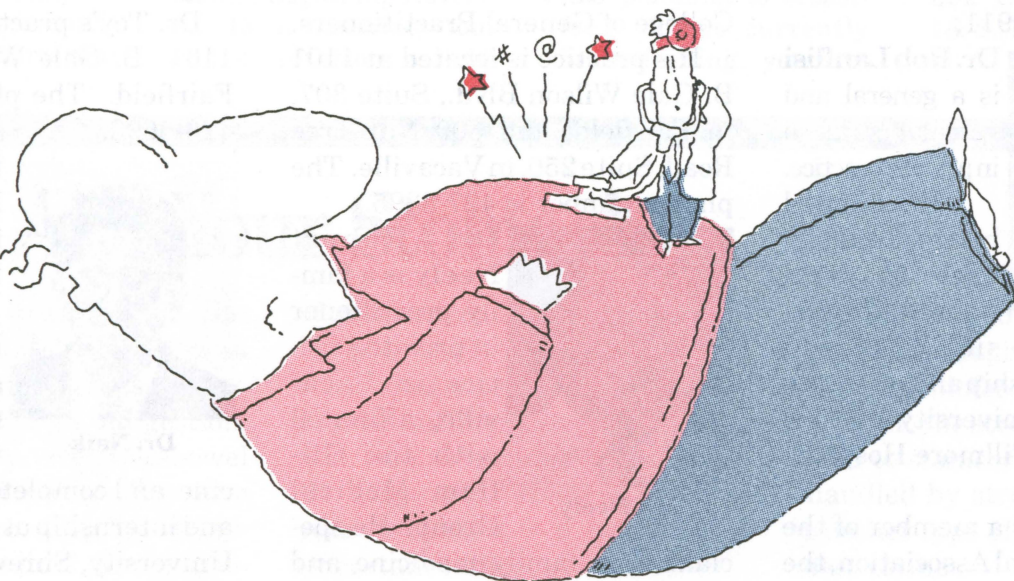
"Most digestive tract problems are minor, meaning they don't cause a lot of discomfort and go away in a short time. Time is often the best cure for the minor ailments," says Gastroenterologist Merle Sogge, MD, of the Intercommunity Medical Group.

But when the symptoms don't go away, and the pain becomes severe, it may be time to call your doctor. Dr. Sogge developed the following guidelines to help you decide when your digestive tract needs professional medical help.

- **When symptoms don't go away or get persistently worse.** "We all get stomach cramps occasionally," Dr. Sogge says. "But when they come more frequently, or are more persistent or painful, it's a good idea to discuss the problem with your doctor."
- **Blood in your stool.** This is one of cancer's seven

warning signs, so call your doctor right away. "Blood in the stool is caused by something medically significant only 5 to 10 percent of the time, so don't panic. But do get it checked out," Dr. Sogge says.

- **Recurrent nausea or vomiting.** Excessive or recurrent nausea or vomiting could mean a serious digestive tract ailment. These symptoms can also lead to dehydration.



- **Persistent throat pain or hoarseness.** The word "persistent" is again the key. We all get a scratchy throat occasionally. But symptoms that don't improve in a reasonable amount of time (within a

week) should be discussed with your doctor.

- **A sore in the mouth or on the tongue that doesn't heal.** Any sore that doesn't heal properly should be examined by a doctor.

"Most people have a good sense of what's normal for them. If a symptom feels unusual to you, that's a good time to consult with your doctor," Dr. Sogge says. "Listen to your body, and in most cases, you'll be okay." ■

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HERE'S TO YOUR HEALTH

Classes for this quarter are on page 11.
Parenting
Community CPR
Support Groups

NorthBay Hospice Program To Benefit From Golf Tournament

KEEP THESE IMPORTANT TELEPHONE NUMBERS

Clip and save these telephone numbers

for health resources available at NorthBay Medical Center and VacaValley Hospital:

NorthBay Medical Center
429-3600

VacaValley Hospital
446-4000

NorthBay Breast Health Center
429-7702

NorthBay Cancer Hotline
429-7829

Doctor Referral Service
429-7700

Tel-Med
446-5757
678-0777 from Dixon

Community Information Line
429-7979

648-1266 from Vallejo
678-0777 from Dixon

Billing Questions
(NorthBay Medical Center & VacaValley Hospital)
446-5801

NorthBay Healthcare Foundation
429-7791

Soroptimists International of Vacaville is hosting a fund-raising golf tournament, with the proceeds to benefit the Children's Bereavement Group recently formed by the NorthBay Hospice.

The tournament is on Friday, October 11, at Cypress Lake's Golf Course on Travis Air Force Base. The day will begin with registration at 11:30 a.m., and end with a no-host cocktail hour and awards banquet. The entry fee of \$75 includes the green fee, cart and dinner. Non-players can attend the dinner for \$15.

It's never easy for anyone to lose a loved one, but it can be especially difficult for a child to cope. The Children's Bereavement Group will assist children during the grief process of losing a parent, sibling or someone else close to them. Children experience the same emotions

as adults, but are often not equipped to deal with the devastating reality of a loved one's death. Participation is free.

If you are unable to participate in the tournament, donations are be-

ing accepted, and are payable to Soroptimists International of Vacaville. Send your contributions to Diane Kelly, 100 Sequoia Drive, Vacaville, CA 95687, or call Diane at 447-7777. ■

VacaValley Run Successful

Continental Pacific Bank sponsored the fifth annual VacaValley Fun Run, helping the event raise more than \$2,000 for VacaValley Hospital's emergency services.

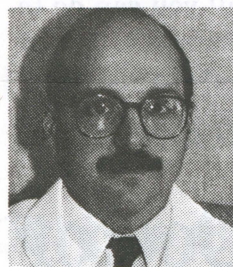
"I'd like to thank the more than 150 runners, walkers and volunteers who helped make the race a big success," says Milt Smith, president of the NorthBay Healthcare Foundation.

In addition to Continental Pacific Bank, the following generous

sponsors helped contribute to the success of the race: Food 4 Less, The Athletic Club, Precision Bikes, Payless Drug Stores, Creekside Tan, Chin Hua Restaurant, Pepperonis Pizza, Massage Therapist Lynn Golden, ARA Services, Longs Drug Stores, Tri Eagle Beverage Company, NorthBay Hospital Guild, and the Office of the Surgeon General, U.S. Army Medical Department. ■

New Doctors Join Medical Staff

NorthBay Hospital Group welcomes the following new medical staff members:

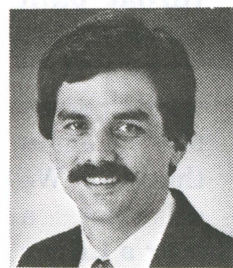


Dr. Crapotta

Dr. Charles Crapotta is an ophthalmologist with Fairfield Medical Group.

He earned his medical degree from State University of New York, Syracuse. He completed his internship at Nassau Hospital in Mineola, New York, and his residency at Nassau County Medical Center. He is board certified in ophthalmology.

His practice is located at 1234 Empire Street in Fairfield. The number is 426-3911.



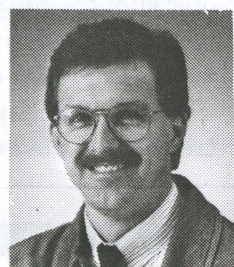
Dr. Lanflisi

Dr. Rob Lanflisi is a general and vascular surgeon in private practice.

He earned his medical degree at Oral Roberts University and completed his internship and residency at the State University of New York, Millard Fillmore Hospital, Buffalo.

Dr. Lanflisi is a member of the American Medical Association, the Solano County Medical Society, the Independent Practice Association and the Christian Medical Society.

His practice is located at 1860 Pennsylvania Ave., Suite 230, in Fairfield, and 600 Nut Tree Road, Suite 250, in Vacaville. The phone number is 426-4951.



Dr. Zopf

Dr. Peter Zopf is a general surgeon in private practice in Fairfield.

He earned his medical degree from the College of Osteopathic Medicine of the Pacific. He completed his internship and residency at Grandview Hospital in Dayton, Ohio.

Dr. Zopf is a member of the American Osteopathic Association, the Individual Practice Association, the Osteopathic Physicians and Surgeons of California, the American College of Osteopathic Surgery and the American College of General Practitioners.

His practice is located at 1101 B. Gale Wilson Blvd., Suite 307, in Fairfield, and 600 Nut Tree Road, Suite 250, in Vacaville. The phone number is 427-8395.



Dr. Neely

Dr. Robert Neely is a family practitioner in private practice in Vacaville, affiliated with the Gilliam Medical Group. He specializes in family medicine and obstetrics and gynecology.

Dr. Neely earned his medical degree from the U.C. Davis School of Medicine and completed his internship and residency at San Pedro Peninsula Hospital.

His practice is located at 190 South Orchard Ave. in Vacaville. The phone number is 446-4311.



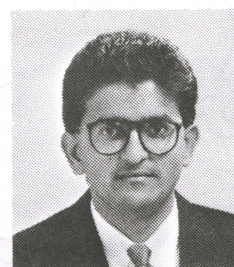
Dr. Toy

Dr. Stephanie Toy is a pediatrician affiliated with the North Bay Pediatric Group.

She is a graduate of Jefferson Medical College in Philadelphia, and completed residencies and internships at U.C. San Diego and Kaiser San Francisco. She earned a postgraduate degree in bioengineering at the University of Pennsylvania and completed her undergraduate training at U.C. Berkeley.

She is board eligible, and a member of the American Academy of Pediatrics.

Dr. Toy's practice is located at 1101 B. Gale Wilson Blvd., in Fairfield. The phone number is 426-5693.



Dr. Naik

Dr. Mukesh Naik is a family practitioner in Fairfield.

He earned his medical degree from Texas College of Osteopathic Medicine and completed his residency and internship at Louisiana State University, Shreveport, and E.A. Conway Memorial Hospital in Monroe, LA.

He is a member of the American Academy of Family Practitioners and the Solano County Medical Society.

Dr. Naik's practice is located at 1525 Webster St. in Fairfield. The phone number is 422-3110. ■

NEED A DOCTOR? CALL MARIA

Looking for the best

doctor for you, your family or a friend?

NorthBay Hospital Group Physician Referral Coordinator Maria

Fabiani can help. Maria can tell you about more than 100 competent doctors, right here in our community. She can even help you set up an appointment. Call Maria at 429-7700, weekdays from 8 a.m. to 5 p.m.

Legislative Notes

Should All Employers Provide Health Coverage?

Editor's Note: If you have a health legislation question you'd like to see us present to Congressman Vic Fazio and State Assemblyman Tom Hannigan, send it to "Well-spring," 1800 Pennsylvania Avenue, Fairfield, CA 94533.

Do you believe that all American employers should provide some form of health insurance for their employees?

Congressman Vic Fazio

All Americans need access to quality health insurance coverage at reasonable cost. American employers want their employees to have accessible, affordable health care coverage, but many employers — particularly small businesses — cannot afford to bear the tremendous financial burden necessary to provide this benefit.

The American health care system is in crisis. More than 13 percent of our population — or one in seven people — lack any health insurance coverage whatsoever. For these 33.4 million Americans, quality health care does not exist. Since 1980, the proportion of the American population younger than 65 without health insurance has increased by 25 percent.

This problem is now reaching crisis proportions among middle class Americans. Eight out of 10 of the uninsured in California are working adults or their children. The American worker can no longer assume that adequate health care coverage is part of the benefits package.

Our task — developing a system that provides accessible, affordable health care for all Americans — is not an easy one. Possible solutions range from building on our current employer-based system to an incremental approach (for example, expanding and improving Medicaid or providing tax credits to encourage individuals and employers to purchase insurance) to a universal, comprehensive approach (most commonly referred to as the Canadian model.)

As Congress sorts through the many legislative options, I want to know what the people of my district think. During the coming months, I will be holding a series of health care forums throughout the area. The first two will be in Fairfield, and in Woodland the latter part of October. For those of you interested in discussing this issue with me, I look forward to seeing you at one of my forums.

Assemblyman Tom Hannigan

I think that adequate health care can and should be provided to every American through both the private sector and public programs. However, it would be premature, and very expensive, for government to simply entitle every American to health care insurance.

We need changes in the way we organize, finance, and deliver health care before government can afford to underwrite health care insurance for all Americans. We need to reduce unnecessary and inappropriate health care. We need to make insurance more affordable for individuals and small employers. And we need to see the development of more cost-effective health care delivery models. Much needs to be done.

In California, we recently enacted legislation that moves more Medi-Cal patients into prepaid Kaiser-like health care plans. Assemblyman Burt Margolin is currently working on important reforms to make health insurance more affordable. Efforts like this will make the goal of adequate health care for all an achievable one.

PREGNANT? ROCK-A-BYE IS FOR YOU

If your're pregnant, you'll want to be a member of the NorthBay Medical Center Rock-A-Bye Club. You'll receive a monthly newsletter from the third month of pregnancy to the first month of motherhood, plus a book of discount coupons. Membership in the Rock-A-Bye Club is free to pregnant women and their families. For more information, call Maria at 429-7979.

Sogge Is Physician Editor

Gastroenterologist Merle Sogge, MD, is the physician editor of this issue of Well-spring.

Dr. Sogge has been on the medical staff of NorthBay Medical Center and VacaValley Hospital since 1981.

He earned his medical degree from the University of Oregon,

completed his residency at David Grant Medical Center and a fellowship in gastroenterology at Letterman Hospital.

Dr. Sogge is in private practice with the Intercommunity Medical Group with offices in Vacaville and Fairfield.



Merle Sogge, MD

The New NorthBay Medical Center Is On The Way

You can literally watch the NorthBay Healthcare system grow these days as construction of the first phase of the new NorthBay Medical Center progresses.

Construction is right on schedule, reports William Hawn, president of NorthBay Healthcare Services, the developer of the project.

"The first phase of the new NorthBay Medical Center should be complete by November of 1992," Hawn says.

Ground was broken on the three-story, \$18 million project in April. When complete, the building will

house a new lobby and admitting area, maternity service, newborn intensive care nursery and adult critical care unit for the Fairfield hospital. Shelled-in space on the first floor will be the site of a new emergency room, as funds become available for the additional construction and equipment that will be required.

The steel framing was finished in July, and sub-contractors are preparing the infra-structure for the installation of plumbing and electrical systems. The building's outer walls should be erected by

June of 1992, then the five-months of interior work will begin.

In mid-September, a 69-stall parking lot on the corner of Pennsylvania and Kensington (in front of the Penn-Tab building) was opened. Hospital employees and construction workers are parking in the new lot, which leaves more parking spaces for NorthBay Medical Center patients and visitors.

The construction is the first phase of a potentially four-phase project that will replace the aging NorthBay Medical Center in the next 10 to 15 years.

CAPITAL CAMPAIGN DONATIONS EXCEED \$1 MILLION

The NorthBay Medical Center capital campaign has exceeded the million dollar mark with campaign pledges now totaling \$1,222,500, announces Ben Huber, campaign chairman and president of E.T., Inc. Funds will help equip the first phase of the hospital replacement project.

Cardiac Services Expanding At NorthBay Medical Center

Upper Solano County may soon have its own complete cardiac services program, thanks to two recent developments in the NorthBay Healthcare system that will bring cardiac catheterization and cardiac and pulmonary rehabilitation to our community.

"Our goal is to offer the community a wider range of cardiac services, and the development of these two new services is a significant step for the NorthBay Healthcare system and the people we serve," says NorthBay Hospital Group President Michael Marini.

Cardiac Catheterization Lab Progressing

NorthBay Medical Center's Cardiac Catheterization Laboratory received state approval in July, and the lab is expected to be open for business in the beginning of February.

With cardiac catheterization, a thin, flexible tube is passed painlessly through a blood vessel to the heart. A dye is injected into the tube and X-rays are taken. Any heart blockages or defects are highlighted.

Prior to the development of cardiac catheterization, patients were often subjected to more complex surgical procedures for the diagnosis of heart ailments.

When operational, the lab will serve about 400 patients a year. Currently, patients needing cardiac catheterization are transferred to hospitals out of the community.

NorthBay Healthcare system purchases cardiac rehabilitation service

Effective Sept. 1, the NorthBay Healthcare system purchased the cardiac and pulmonary rehabilitation service from Prime Medi-

cal. The business was a joint-venture between Prime Medical and a partnership of NorthBay Hospital Group physicians.

Cardiac rehabilitation is a supervised exercise program that helps people who have had a heart attack or other significant cardiac episode or lung disorder recover and regain their physical strength and confidence. The purchase is good news for the NorthBay Healthcare system, and the community we serve, says NorthBay Hospital Group President Michael Marini.

"Some insurance carriers, like CHAMPUS, won't pay for cardiac or pulmonary rehabilitation unless the service is operated by a hospital. Now that we are operating the program, the benefits of cardiac rehab will be available to more people in our community."

The cardiac rehab service will continue to operate at its current site in the Solano Surgery Center until December, when it moves to a suite in the Solano Diagnostic

Building on the NorthBay Medical Center campus.

Patients will be treated according to the same protocols, under the direction of Vickie Gregg, director of NorthBay Rehabilitation Services.

Debbie Gordon, a former nurse at NorthBay Medical Center who has been with the cardiac rehab service since its inception, will continue to provide the patient supervision.

The center, which treats patients needing cardiac or pulmonary rehabilitation, offers patients many benefits. "Patients in our program experience a healthy drop in their blood pressure and resting heart rates," Gordon says.

"Plus their emotional outlooks improve considerably. They have more stamina and more confidence in their abilities. Our patients are able to do more with a lot less effort. They feel good and are able to return to the activities they enjoy. And, that's the bottom line."



Debbie Gordon, RN, monitors patients in the cardiac and pulmonary rehabilitation program, recently purchased by the NorthBay Healthcare system.

Call Tel-Med For Quick Information

If you have questions about the digestive system, NorthBay Hospital Group's Tel-Med information system is just a phone call away.

Tel-Med is a library of more than 250 recorded health messages that are available by calling the Tel-Med switchboard. Information on the three-to-five minute tapes is informative and each has been carefully reviewed by NorthBay Hospital Group's professional staff.

For information about the digestive system, callers should request: tape number 2, "What is a Normal Bowel?"; tape number 45, "Indigestion;" tape number 196, "Peptic Ulcer;" tape number

630, "Diarrhea;" tape number 631, "Gall Bladder Trouble;" or tape number 180, "Cancer of the Colon and Rectum."

The Tel-Med switchboard is open from 8:30 a.m. to 4:30 p.m., seven days a week, excluding holidays, and is staffed by volunteers from the NorthBay Hospital Guild. You may also request a brochure which lists the complete Tel-Med library.

The Tel-Med switchboard number is 446-5757, or 678-9777 from Dixon.

Tel-Med is a public service offered by NorthBay Medical Center in Fairfield and VacaValley Hospital in Vacaville.

For More Info. Call

For more information about the health care issues discussed in Wellspring, ask your doctor. Or, call one of the doctors who participated in this issue:

Family Practitioner	
Mukesh Naik, DO	422-3110
Robert Neely, MD	446-4311

Gastroenterologists	
Rashid Iqbal, MD	446-1884
Merle Sogge, MD	429-5111
	449-8573

Pediatrics	
Stephanie Toy, MD	426-5693

Heartburn or Heart Attack: How Do You Tell The Difference?

Mark, like millions of Americans, often experienced a burning sensation in his chest and recognized it as a symptom of heartburn. One day last spring, he again felt that familiar unpleasant sensation and started to reach for the antacid, until he noticed that something about the pain was different from times past.

There was also a pressure in his chest that signaled to Mark that something more serious might be wrong. At the emergency room, the doctor confirmed his fears — he had experienced a coronary spasm, or heart attack.

“Half of all the people who come to the emergency room with chest pain and undergo cardiac evaluation are diagnosed as having a heart-related ailment,” says Gastroenterologist Rashid Iqbal.

Since it's not practical nor advisable to rush to the hospital every time you experience pain or discomfort, how do you know if you just have heartburn from that spicy Mexican dinner, or if it could be something more serious, like a heart attack?

“The symptoms of both heartburn and heart attack can be similar, but there are differences,” says Dr. Iqbal. “If you are prone to heartburn, the symptoms will usually manifest shortly after eating heavy, fatty foods, or spicy tomato-based foods that contain a lot of acid. If these symptoms

appear unrelated to mealtime, or if the pain is a new unfamiliar one, you should assume it's heart-related, and have it checked out.”

Another way to determine if your symptoms require medical attention is to see if an antacid alleviates the pain. If so, you're likely to be suffering from heartburn.

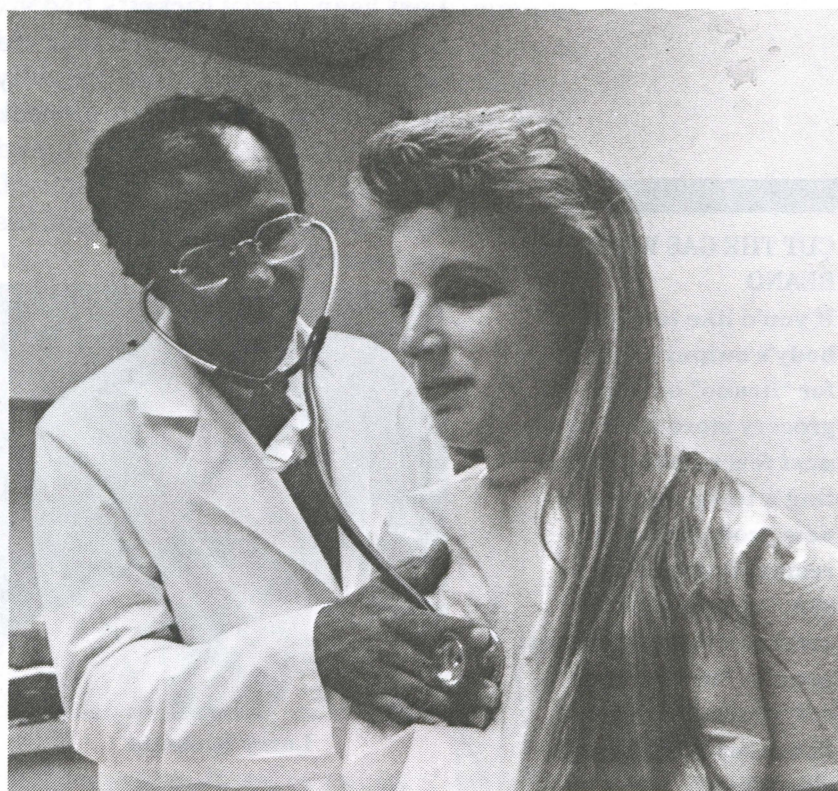
However, Dr. Iqbal warns, “If you haven't eaten and the pain comes on and lasts longer than fifteen minutes, you should have it checked immediately by a physician.”

Although most Americans suffer from heartburn regularly, about once a month, certain people are more susceptible to it than others.

“Heartburn is caused by acid in the stomach coming back up the esophageal tube and irritating the tissue lining. So, if you are overweight, pregnant or taking certain medications, heartburn may be a problem for you,” Dr. Iqbal says.

“When you are carrying extra weight, pressure on the stomach can force acid up into the esophagus resulting in heartburn. Pregnant women may also experience heartburn due to an overabundance of hormones that cause the sphincter muscle to relax.

“Certain medications, such as those taken for asthma, also tend to relax the sphincter muscle, al-



Gastroenterologist Rashid Iqbal listens to a patient's heart beat during a routine examination.

lowing gastric acid to enter the esophagus,” Dr. Iqbal says. Other contributors to heartburn are alcohol consumption, cigarette smoke and caffeine.

Heartburn in itself is a relatively harmless disorder when it occurs on an occasional basis, but if you have a recurrent problem with heartburn-like symptoms, or they become severe, make it a point to contact your physician to eliminate any possibility of a more serious problem.

EAT YOUR BROCCOLI

New studies show that the more fruits and vegetables you eat, the less likely you are to develop a wide variety of cancers, including stomach and colon cancers, breast and lung cancers. And the plant family that includes broccoli, cauliflower and brussel sprouts ranks highest in the most potent cancer-fighters.

Fiber: A Full-Service Cure For What Ails You

The bitter taste of heartburn and the gnawing pain of ulcers remind millions of Americans that a smooth functioning digestive system is crucial to their sense of well being.

According to the U.S. Office of Disease Prevention and Health Promotion, about half of all Americans suffer from a digestive tract ailment at one time or another. In fact, they are responsible for 200,000 work absences each day, and the cost of treating digestive tract ailments totals almost \$50 billion a year. How can you keep your digestive system from failing you?

“Overall, eating a high fiber, low-fat diet promotes a healthier digestive system,” says NorthBay Medical Center Registered Dietician Cindy Schneider.

Yet as you wolf down those bran muffins, high fiber cereals or oat bran pretzels, you might wonder, “Can eating this stuff really make

a difference?” Yes, according to Schneider. A high-fiber diet has been shown to help prevent or treat a number of conditions including obesity, gastrointestinal diseases, and heart disease.

On average, Americans consume roughly 10 to 15 grams of fiber each day. The National Cancer Institute (NCI), the American Dietetic Association (ADA), the U.S. Department of Agriculture and Health and Human Services, and the National Academy of Science's Food and Nutrition Board say we need twice that amount.

There are two general categories of fiber — soluble and insoluble. Insoluble fiber absorbs water and travels quickly through the body virtually undigested. Since it speeds bowel transit time, some researchers theorize that insoluble fiber may help prevent colorectal cancer by reducing the amount of time potential carcino-

gens (cancer-causing substances) remain in your system. Insoluble fiber abounds in vegetable skins, nuts and whole grains which include wheat, rice and corn bran.

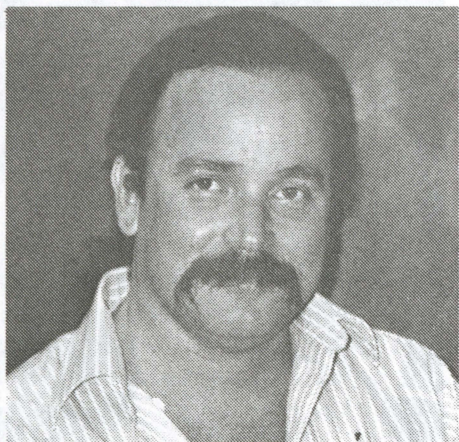
Soluble fiber dissolves in water and slows the absorption of carbohydrates, which helps stabilize blood sugar, and appears to assist in lowering cholesterol. Good sources of soluble fiber include apples, oranges, pears, oats, oat bran, prunes, lentils, barley, peas, and kidney, lima, navy and pinto beans.

And, that old cold-cure adage “drink plenty of fluids” is good advice any time. Fluids are as important to the treatment and prevention of digestive tract disorders as a high-fiber, low-fat diet.

“Fluids can include coffee, tea, juice, sodas or milk,” Schneider says. “But no liquid can beat the benefits of water!”

Liver Transplant Saves Vacaville Man's Life

Last year, Larry Ricketts had six weeks to live. The 35-year-old Vacaville resident had literally destroyed his liver with alcohol. Considered a drunk who had brought his problems on himself, Larry's first doctor told him his case was hopeless.



Larry Ricketts

Weeks later, frightened and in pain, Larry visited the emergency service at VacaValley Hospital. From there he was referred to gastroenterologist Merle Sogge, MD.

Larry had developed cirrhosis of the liver, a disease caused by chronic damage to the liver's cells. Scar tissue had enlarged his liver and was impairing normal liver function.

"I have to credit Dr. Sogge with saving my life," Larry now says. "It was Dr. Sogge who referred me

to Pacific Presbyterian Hospital in San Francisco and to Dr. Bob Gish, a transplant specialist."

Still, Larry had to prove himself. Of the 2,000 liver transplants performed in this country each year, less than 10 percent are performed on patients with drinking problems.

"The doctors told me to prove that I was serious about staying sober. They recommended I join Alcoholics Anonymous and I started attending meetings twice as often as they required," he says.

"Finally I attended a three-day evaluation at Pacific Presbyterian, with intensive examinations by both doctors and psychiatrists.

"They asked me why they should give me a liver, and I honestly couldn't tell them why," Larry says. "But I was accepted into the transplant program."

Periodically over the next few months, both Dr. Gish and Dr. Sogge would call Larry in for blood tests to check his system for drugs and alcohol. He was always clean.

He wore a beeper so the hospital could instantly locate him when a liver became available. His first call came on Sept. 12, 1990, and he raced to San Francisco. But before the transplant could be performed, cancer was found in the donor liver and he

was sent home.

The second call came on Oct. 11 at 11 p.m., and by 5 a.m. the next day he was in surgery. After 16 days of recovery, he went to stay with his sister in Vallejo, and reported to the hospital every two weeks for checkups.

Larry will take anti-rejection drugs and steroids for the rest of his life because there is always the chance his body will reject the foreign liver. The drugs and their side effects cause him to be labeled disabled, and he can't find a job. He spends his days as a volunteer, counseling both kids and adults about the dangers of alcohol.

He shares his own story in the hopes of saving someone else. He was a self-proclaimed "weekend warrior" — drinking heavily on the days he didn't work. When a back injury side-lined him from work, he began to drink daily, consuming a pint to a fifth of whiskey each day. He estimates his heavy drinking lasted six months before he became ill.

"Although alcoholism runs in my family, and it's said to be hereditary, I know I did this to myself," Larry says. "I just hope I can prevent it from happening to someone else."

CUT THE GAS WITH BEANO

If you'd like to cut your body's output of gas, look for "Beano" on your grocery store shelf in the next few months. Putting a teaspoon of this new product in your recipes is supposed to prevent painful and embarrassing gas for most people. "Beano" reportedly tastes like Soy Sauce, with no known side effects.

BOWEL FUNCTION — FIBER HELPS

Bran has been proven to aid healthier bowel function in elderly people. One study gave nursing home residents a daily breakfast of an all-bran cereal mixed with apple sauce and prune juice. The fruit and juice made the bran softer and easier to swallow. At the end of 12 weeks, the need for laxatives was reduced 40 percent, as compared to laxative use among patients who weren't given the high-fiber breakfast.

Is Your Bowel Stressed Out?

About a half hour before her monthly shareholders' meeting (or the "two-hour torture" as she calls it) Jill's symptoms start: stomach cramping, diarrhea and a touch of queasiness. Could all that discomfort be caused by the stress of the meeting?

Yes, says Merle Sogge, MD, gastroenterologist with the Intercommunity Medical Group.

"Life stress is the most common cause of what's called 'irritable bowel syndrome,'" Dr. Sogge says.

Irritable bowel syndrome is caused by involuntary muscle movement in the large intestine. "If you've been carrying around a suitcase, your biceps are going to get sore. Your bowel reacts the same way to stress. The intestinal muscles get painful, fatigued and ineffective," Dr. Sogge says.

The symptoms include intermittent cramping in the abdomen, abdominal swelling, excessive gas, and diarrhea or constipation. These symptoms are often aggravated by food or stress.

Irritable bowel syndrome is associated with diverticulosis, a condition where air pockets form on the

colon and then become infected. Fever, abdominal pain and tenderness are often the result.

Diverticulosis usually subsides with bed rest and antibiotics. Irritable bowel syndrome, however, is recurrent throughout most sufferers' lives. Fortunately, you can control, and even prevent, irritable bowel syndrome with a few common-sense dietary and lifestyle changes.

"Eating a high fiber diet is one of the best ways to keep your bowel healthy," Dr. Sogge says. That means plenty of grains and fresh vegetables, and drink lots of water.

Alcohol and drug abuse should be avoided.

Laxatives that use bulk-forming

agents, rather than chemicals, help relax the intestinal muscle and often relieve most of the uncomfortable symptoms. Antispasmodic drugs can also be prescribed to relieve some of the muscular spasms.

Because anxiety aggravates, and may even cause, irritable bowel syndrome, stress management is an important part of the treatment plan.

"If you suspect your symptoms are related to stress, you need to find ways, such as biofeedback or other relaxation techniques, to reduce your anxiety," Dr. Sogge says. "Effective stress management is one of the best ways to keep your bowel healthy."



Food Allergies: Rarer Than Most Believe

Moments after Tom ate the pasta salad, he knew it contained seafood. His face became flushed, his heart pounded, and breathing became difficult. Without the antidote he carried with him, he could have gone into anaphalatic shock and suffocated.

Tom is allergic to seafood, one of the most common food allergies, and one of the most dangerous.

"Food allergies occur when your immune system has an exaggerated reaction to a food," says Allergist Setu Rangi. "To battle the unwelcome food, your body puts up a line of defense, which can result in a wide variety of symptoms."

Symptoms of food allergies vary, from a mild rash hours after eating to an immediate swelling of the face and throat, acute shortness of breath and hives. Other symptoms are vomiting, abdominal cramps, distentions and diarrhea.

Sometimes you develop allergies soon after birth and have them your entire life. Babies can have allergies that they tend to outgrow by age two, and other people can develop food allergies at any age.

"The important thing to realize is that you can develop a food allergy at any time during your life," Dr. Rangi explains.

Sensitivity to cow's milk protein is a common food allergy in infants. Other foods which cause allergic reactions are nuts, fish, shellfish and eggs.

"Food allergies are more common in people who suffer other forms of allergy or hypersensitivity, such as asthma or hay fever," according to Dr. Rangi.

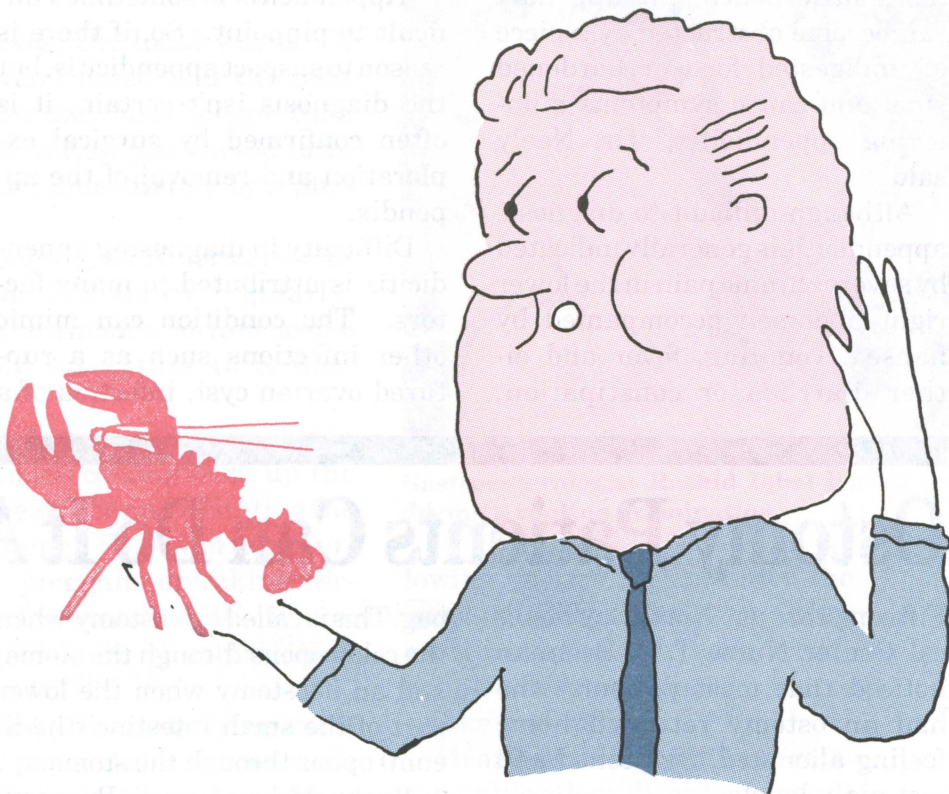
Diagnosing a food allergy in-

volves taking a patient's history and then performing "rast testing," or a series of skin tests that detect the antibodies created by the allergy for confirmation.

"Sometimes a patient's diagnosis is straightforward — he ate a peanut and broke out in hives," Dr. Rangi says. "Other times the diagnosis is not so clear cut — symptoms may be vague, or the

food allergies. Research estimates that food allergies (a response shown to be caused by an immune system reaction) occur in less than one percent of the population.

Many people experience food intolerances, Dr. Rangi says. "For example, drinking coffee and having your heart beat quicker is certainly an adverse reaction, but not an allergic one. Neither is



patient is allergic to an ingredient that he ingests unknowingly. For example, a person allergic to milk might eat a cookie which has milk as a recipe ingredient."

The cure for food allergy is avoidance of that food, Dr. Rangi adds. "There are no shots to cure a food allergy," he says. "And we cannot desensitize a person to allergenic foods."

It's important to realize that most food intolerances are not true

suffering diarrhea after eating something that irritates your stomach or suffering a period of hyperactivity after eating sugar.

"Foods are complex chemicals and they can cause a wide variety of reactions in our bodies," Dr. Rangi says. "Whether these reactions are allergic or not, it's important to stay in tune with our bodies and eat only what promotes our own good health."

DIARRHEA AND CONSTIPATION: DIFFERENT AND THE SAME

Diarrhea and constipation manifest in two totally different ways. However, in most cases, you can effectively treat them in the same way: with bulk-forming laxatives. Bulk-forming laxatives stimulate the bowel, which often encourages a bowel movement and cures constipation. The natural laxative also soaks up excess water and fluids in the bowel, which often cures diarrhea. But be sure to only use natural, bulk-forming laxatives, not ones that use chemicals.

Oral Cancer: A Disease You Want To Prevent

There's good news and there's bad news about oral cancer.

The good news is, oral cancer is easily detectable in its early stages, allowing earlier treatment. It's also largely preventable, as 87 percent of oral cancer has been directly linked to tobacco use, according to the American Cancer Society.

"Other contributing factors include drinking alcohol and poor oral hygiene," says Winny Roshala, cancer services coordinator at NorthBay Medical Center and VacaValley Hospital.

The bad news is, "an estimated 30,000 cases of mouth cancer will be diagnosed in 1991, and over 8,000 people will die from the disease," Roshala says.

Self-examination is one precaution which is invaluable in detect-

ing oral cancer.

Early evidence of oral cancer can be a change in the texture or coloring of mouth, tissue of the lips, tongue or gums. Abnormal coloring, such as red, brown or black spots, should be checked immediately.

White rough patches, called leukoplakia, commonly found in the mouths of snuff users, are often noncancerous, but 6 percent of the time leukoplakia develops into oral cancer.

Other symptoms of oral cancer are frequent bleeding in the mouth, a sore that doesn't heal within ten days, tingling, numbness or burning in the mouth, painful, sensitive, or loose teeth, or difficulty in swallowing or talking. If you observe any of these changes, see your den-

tist or physician.

Treatment for oral cancer involves either surgery or radiation therapy, and as with all cancers, is most successfully treated in the earliest possible stage.

The esophagus also is susceptible to cancer. The American Cancer Society estimates there will be 10,900 new cases of esophageal cancer in 1991, and 9,800 deaths.

"Symptoms are often not evident until it has progressed to a severe state. The first sign may be that you may begin to have difficulty in swallowing," said Roshala.

"It may feel like swallowed food is tickling along the way to the stomach, somewhere behind the breastbone. Meat is usually the first food to cause this sensation."

Appendicitis Is Nothing To Ignore

If you have mild pain around your naval, monitor it carefully. It could be early appendicitis.

"Mild pain can be due to a temporary obstruction," says Dr. Robert Neely. "But an infected appendix is hard to ignore."

The appendix is a small pouch, shaped like a finger, extending from the cecum, or the beginning of the large intestine. "Because it's a little pouch, the appendix can become obstructed by a piece of undigested food or hardened stool and cause symptoms mimicking appendicitis," Dr. Neely said.

Although difficult to diagnose, appendicitis is generally indicated by severe chronic pain in the lower right abdomen accompanied by nausea, vomiting, fever and either diarrhea or constipation,

usually preceded by loss of appetite.

"By the time the appendix ruptures, a person has ignored the pain longer than most people would," says Dr. Neely. "Then we have appendicitis with gross peritonitis, a potentially fatal condition because rupture of the appendix spreads infection throughout the abdomen."

Appendicitis is sometimes difficult to pinpoint. So, if there is reason to suspect appendicitis, but the diagnosis isn't certain, it is often confirmed by surgical exploration and removal of the appendix.

Difficulty in diagnosing appendicitis is attributed to many factors. The condition can mimic other infections such as a ruptured ovarian cyst, infection of a

Fallopian tube, pelvic inflammatory disease or Crohn's colitis, a chronic inflammation of part of the digestive tract.

"The appendix can be tucked in behind the cecum, (called 'retrocecal appendix') causing a difficult diagnosis," says Dr. Neely. "If the appendix is in front of the bowel, symptoms can be easier to pinpoint."

Considered vestigial or without much use in humans, the appendix is surrounded by lymphoid tissue and may be involved in making antibodies, but "no more so than any other lymphoid tissue," says Dr. Neely.

"The longer you have the appendix the more likely there is for something to go wrong with it," he says.

OVER 50? TEST FOR COLORECTAL CANCER
Without early treatment, the mortality rate for colon and rectal cancers is very high. The American Cancer Society recommends that everyone older than age 50 have a fecal occult blood test (for hidden blood in stools) every year, and an examination of the sigmoid colon (sigmoidoscopy) every three to five years.

Ostomy Patients Can Do It All After Surgery

Fifteen years ago NorthBay Medical Center Nurse T. J. Brennan noticed that most patients who had an ostomy returned home feeling alienated, frightened and just plain lonely.

To treat certain digestive tract diseases, such as cancer of the large intestine, diverticulitis and ulcerative colitis, part of the tract may have to be removed. Surgery may be a permanent or temporary procedure depending on the extent of a cancer, trauma, inflammatory bowel disease, congenital defect or spinal cord injury that has altered the normal body function.

If possible, the two cut ends of the tract are sewn together to maintain a passageway for food. When this isn't feasible, an opening called a "stoma" is made in the abdominal wall through which undigested material can pass into a

bag. This is called a colostomy when the colon opens through the stoma, and an ileostomy when the lower part of the small intestine (the ileum) opens through the stoma.

"In the old days," recalls Brennan, "there was a stigma attached to the operation. People thought they would be restricted in almost every aspect of their lives. But they can really do it all. They can take showers, go swimming, have sex...anything."

"The surgery itself isn't different than any other surgery," she says. "Our surgeons have the operation down pat, and the patient is up and around the very next day."

For the first few days after the operation, the patient receives nutrients via an intravenous drip, and the fluid is drained from the abdomen. Within two or three

days, he or she is given a special diet and begins to pass waste materials and gases into a bag.

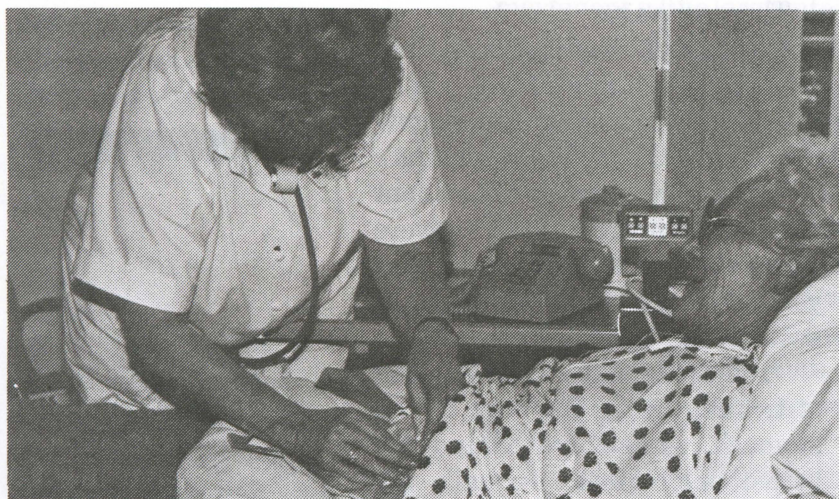
"The technology has improved so much," says NorthBay Medical Center nurse and ostomy educator Hilda Ramirez, RN. "The bags are easy to put on; they're easy to clean and they're odorless. And, you can wear the same bag for several days."

"People are really relieved when they find out how easy an ostomy or ileostomy is to manage," Ramirez says.

Most people need about two months to recover from the operation. People with colostomies can eventually return to an almost normal bowel routine and sometimes the wearer needs only a pad over the stoma most of the day. Those with ileostomies usually need to keep the bag in place all the time. ■

There's A Support Group Near You

An active support group of the Solano Ostomy branch meets the third Wednesday of every month.



NorthBay Medical Center nurse T.J. Brennan helps a patient recover from a colostomy.

The group meets in Fairfield at NorthBay Medical Center Annex one month and the Vallejo Kaiser Home Health office the next.

Members are dedicated to the complete rehabilitation of ostomates living in Solano County, through mutual aid, moral support, education and practical information.

Mutual Aid is provided by medical and other professionals who attend or speak at meetings, sharing information regarding changes and improvements that may affect each ostomate.

Moral Support is provided by visitation programs to present living evidence that ostomy surgery

need not interfere with work, marriage, travel or recreation.

Education is provided through literature, and exhibitions by manufacturers or distributors of ostomy equipment and supplies.

Practical information is provided by member ostomates, the chapter's medical advisors, enterostomal therapists and other speakers at monthly meetings.

For further information, contact:
**United Ostomy Association
Solano County Chapter
c/o American Cancer Society
1726 Sonoma Blvd.
Vallejo, CA 94590
(707) 643-6606** ■

Infant Colic: Trouble In Tiny Tummies

There is little worse for new parents than a crying baby. But crying, even that associated with colic, is very normal.

"Colic is defined as a well-fed, healthy infant with bouts of irritability, fussiness, or crying lasting longer than three hours a day and occurring more than three days a week," says Pediatrician Stephanie Toy of NorthBay Pediatrics.

In itself, colic is not dangerous, and 10 to 30 percent of infants can be described as "colicky babies." It is important, however, to distinguish colic from serious illnesses such as infection, bowel obstruction, allergies, or corneal abrasions.

"An infant with colic is happy and well between crying bouts which tend to happen in the late afternoon or evening hours," Dr. Toy says. "Eighty percent of the cases occur between 5 p.m. and midnight and 12 percent occur between 7 p.m. and 2 a.m."

The cause of colic is unknown, Toy adds. "But it is important to know that it is not a result of bad parenting."

Colic usually begins at two to three weeks after the baby is born and lasts from three to four months. The amount of crying is greatest at six weeks old and lasts from three to four months. Non-colicky babies also cry the most at six weeks old, Dr. Toy says.

"In premature infants, colic begins later, usually after the mom's original due date."

In societies where infants are in constant physical contact, colic is less common and is found more

often in households where the parents smoke, Dr. Toy says.

"Infants with colic may draw their legs to their chest and have excess flatulence," she says. "This extra gas could be caused when the baby swallows air while crying."

Treating a colicky baby mostly involves comfort measures. Successful methods include automatic swings, stroller and car rides, tight bundling, and cuddling and rocking the infant for at least three hours a day.

"Studies show that if parents hold an infant for a minimum of three hours a day, the amount of crying can be reduced considerably," Dr. Toy says.

Other methods include noise from a vacuum cleaner or tape recorder, warm baths, hot water bottles on the tummy, and the elimination of coffee, tea, chocolate, and milk products from the diet of breastfeeding mothers.

There is even a crib attachment device which simulates car movement called "sleep tight" that can be ordered by calling 1-800-NO-COLIC.

Never use sedatives, antihistamines, alcohol, antacids, or antifatulents on an infant, Dr. Toy warns. "They have not been shown to help and could prove dangerous."

If all else fails, it is acceptable to let a baby cry for 15 to 20 minutes with 15 to 20 minutes of comforting in between.

"The important thing for new parents to remember about treating colic is it takes at least two people," says Dr. Toy. A colicky



Comforting a colicky baby requires lots of cuddling, bundling, and rocking for at least three hours a day. Although stressful for the entire family, colic usually disappears when the baby reaches four to five months of age.

baby leads to parental exhaustion and can sometimes even lead to child abuse. Another responsible adult is needed to relieve the mother, father or other primary caregiver to prevent this kind of stress.

And, older siblings may also need some help living with a colicky baby. "The baby's brothers and sisters need to know that the crying is not their fault, and they can help by giving the baby extra comforting," she says.

Alcohol Takes Its Toll On Digestive Tract

Nearly 18 million adults in the United States are problem drinkers, according to the government's latest report on alcoholism and alcohol abuse. More than 10 million of these drinkers are suffering from alcoholism, a disease that affects every system in the body.

Alcohol's toll on the body is particularly acute on the digestive tract. About one in three heavy drinkers will develop scars on the liver associated with cirrhosis, a disease in which liver cells are destroyed and the organ no longer is able to process nutrients in food.

The serious complications of cirrhosis include bleeding from the esophagus, accumulation of fluid in the abdomen, involvement of the spleen causing alterations in the blood cells and lapse of consciousness. When cirrhosis develops to this stage, the usual pros-

pect is for death within a year.

In addition, long-time alcohol abuse causes a striking increase in cancers of the digestive tract. The mouth and throat are most vulnerable, especially if the drinker also smokes tobacco. But cancers of the liver, stomach and colon are also much more common in alcoholics than in the general population.

According to Fairfield Family Practitioner Mukesh Naik even small amounts of alcohol can adversely affect the digestive tract. "Symptoms, such as heartburn or gastritis, can appear by consuming even small quantities of beer — three to six cans, for example. And chronic drinkers run the risk of developing alcoholic hepatitis and cirrhosis."

However, even people with damaged livers can recover their

good health, if they quit drinking.

Alcohol abuse clearly is unhealthy, but that doesn't necessarily mean you should eliminate your glass of wine with dinner. Moderate drinking (one or two servings a day) has not been shown to be harmful, and some studies indicate that HDLs (found in good cholesterol) may rise when a person drinks moderately.

Binge drinking is harmful, however. "One misconception that people have is that binge drinking (consuming large amounts of alcohol only on weekends or every other week) isn't damaging," Dr. Naik says.

"Actually, the body is harmed more than a chronic drinker's because the body goes into shock every time large amounts are consumed."

INFANT DIARRHEA'S SIMPLE CURE

Mild infant diarrhea is usually treated by feeding the baby clear liquid for 24 hours and then a gradual return to the usual formula.

However, one study of 176 infants showed that infants kept on their usual formula had fewer stools, less weight loss and a shorter duration of diarrhea than those shifted to an electrolyte solution, dilute soy formula or dilute cow's milk formula.

Endoscopy Saves Time And Pain

Last year, Mary, a 45-year-old Fairfield woman, was diagnosed with colon polyps. Her father had the same ailment in 1974, and she remembered the complicated surgery needed to cure him, and his slow and painful month-long recovery.

"I was so relieved to find out that curing my polyps would only take a few hours, and I'd be back to work in a couple of days," she says. "Was I ever glad times have changed."



Dr. Merle Sogge views a patient's esophagus on a television monitor while the endoscopy tube is inserted down the patient's throat. Endoscopy allows physicians to view the digestive tract without surgery.

Diagnosing and treating digestive tract ailments is simpler, safer and more reliable than ever before, thanks to advancements in the field of endoscopy.

"With endoscopy, we can diagnose and treat most digestive tract problems without making an incision," says Intercommunity Medical Group Gastroenterologist Merle Sogge, MD, medical director of the NorthBay Medical Center and VacaValley Hospital endoscopy departments.

Flexible tubes with tiny video cameras on the end are inserted into the patients' rectum or down the esophagus. The doctor can then view all or part of the digestive tract on a video monitor.

Most procedures are performed on an outpatient basis, meaning the patient is able to go home the same day. Any discomfort is controlled by a local anesthetic or a light sedative.

Endoscopy, the medical art of looking inside the digestive tract non-surgically, has been around for 75 years; flexible scopes were developed in the 1940s. More recent developments, such as longer scopes, increased video precision

and laser, have turned endoscopy into an invaluable medical tool.

"Today, we can control bleeding in the digestive tract, remove small tumors, remove stones in the bile ducts and place feeding tubes, to just name a few of our capabilities," Dr. Sogge says. "All these procedures meant a trip to the operating room just a few years ago."

And the applications for diagnosis are too numerous to list. "Endoscopy is a very accurate way of detecting many potentially serious digestive tract problems," says Dr. Sogge.

Like most advancements in medicine, these amazing developments did not come with the creation of complex and expensive new technologies. More than \$1 million in equipment is found within the walls of the endoscopy labs at NorthBay Medical Center and VacaValley Hospital.

"The endoscopy service at our hospitals is really top-notch. The care you get here compares to what is available at Stanford and other university hospitals," Dr. Sogge says.

Understanding Your Gallbladder

For most people, their gallbladder remains a silent partner, quietly and efficiently storing and releasing bile from this pear-shaped organ tucked behind the liver.

But for those who have developed gallstones, the agonizing abdominal pain, nausea, fever and exhaustion is something they won't soon forget.

"Gallstones can be incredibly painful," says Dr. Merle Sogge, Intercommunity Medical Group gastroenterologist.

"The symptoms result when a gallstone gets stuck in the bile duct, a small tube through which bile travels from the gallbladder to the small intestine."

Gallstones form when an upset occurs in the chemical composition of bile. There are two types of gallstones, those formed from cholesterol and those formed from bile pigments. Gallstones formed from cholesterol account for 80 percent of all gallstones.

An estimated 20 million Americans have gallstones, although most will never know it.

Only 20 percent of gallstones cause symptoms or complications, according to Dr. Sogge. Stones that don't cause problems are left alone, and are unlikely to cause trouble. Mild conditions are

treated with medication to attempt to dissolve the stones chemically. When symptoms are severe, surgical removal of the gallbladder usually relieves the problem.

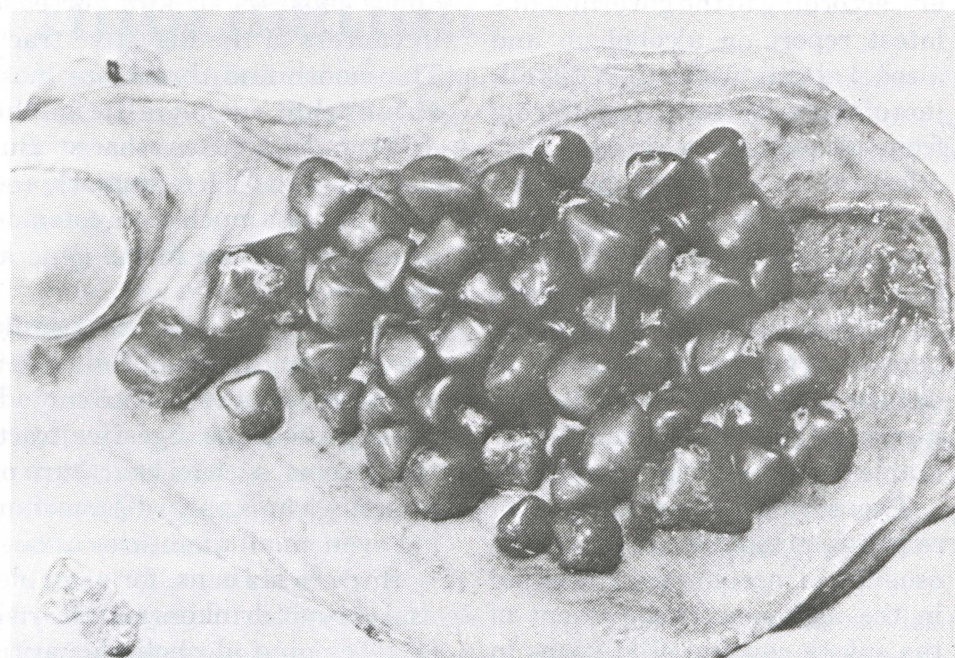
Gallbladder surgery can mean a hospital stay of four to eight days if conventional surgery is performed. A new procedure, called laproscopic cholecystectomy, now is available at VacaValley Hospital.

With this new procedure, the gallbladder is removed through a

tiny incision in the abdomen using a laser or electro-surgical equipment. Patients are ready to go home the next day and can return to normal activities in just a few weeks.

Because your digestive system can function normally without a gallbladder, its removal has little known long-term effects.

You can help yourself avoid gallstones by controlling your weight and limiting sugar and fat in your diet, Dr. Sogge says.



Numerous gallstones are shown in a chronically inflamed gallbladder. New procedures for gallbladder removal have drastically reduced the recovery time needed following gallbladder surgery.

CALL POISON CONTROL BEFORE TREATING A POISONING

Your medicine cabinet should contain syrup of Ipecac, a substance that induces vomiting in case of poisoning. However, you should never use Ipecac, or induce vomiting in any other way, without first consulting your local Poison Control Center. The trained staff at the Poison Control Center can tell you if the ingested substance is corrosive. If so, vomiting will cause additional damage when the corrosive poison goes back up through the esophagus. The number of the Poison Control Center in our community is (916) 734-3692 or (800) 342-9293.

Healthy Classes For Fall

For registration and additional class information, call the Community Information Line at 429-7979. Early registration is important to avoid disappointment.

CONTINUING

Grief & Bereavement Support Group

This support group is for people who are grieving the death of a loved one. **Meetings are every Thursday, 7 to 8:30 p.m.**, in eight-week segments. Please call 429-7758 for more information.

SAND Support Group

SAND (Support After Neonatal Death) is a support group offering friendship and understanding to parents experiencing grief over the loss of a pregnancy or infant. **Meetings are the second Thursday and fourth Wednesday of each month from 7 to 9 p.m.** For more information call the SAND telephone line: 429-6996 or Mary Dickey, 429-7945.

Compassionate Friends

This support group is for parents and siblings who are grieving the loss of a child. **Meetings are the first Thursday of each month from 7 to 9 p.m.** For more information, please call Mary Dickey at 429-7945 or Lynn Bogart at 428-1615.

Community CPR

CPR is a day-long seminar which teaches people age 14 and older the basics of cardiopulmonary resuscitation. The seminar is con-

ducted twice monthly. Because this is a very popular class, the **fee must be received one week prior to the class** in order to guarantee enrollment. **Participants must also pick up their CPR course book in advance** and study it before the class begins. Fee: \$15. For dates and time, please call the community information line.

PARENTING CLASSES

Early Pregnancy

Nutrition, prenatal growth and development during the first four months of pregnancy will be the topics of discussion. This quarter, the class will be offered on **Wednesday, November 13**, at NorthBay Medical Center in Annex Conference Rooms 1 & 2. Fee: \$10 per couple.

Pregnancy in Review

Fetal growth, labor, delivery and postpartum care are some of the topics covered. This three-part class is recommended for women in at least their seventh month of pregnancy and their support persons. The class series will begin on **Wednesday, December 4**, at NorthBay Medical Center Annex Conference Rooms 1 & 2. Fee: \$15 per couple.

Maternity Orientation & Tour

This is for expectant mothers wanting more information about NorthBay Medical Center. Mothers are encouraged to bring their husbands or support persons. The Orientation/Tour is offered twice each month. Beginning November 13, a maternity tour and orientation will be

offered once per month in Spanish. Please call the Community Information Line for times and dates. Free.

C-Section Preparation

"C-Section Preparation" is for parents who anticipate the need for cesarean section delivery, as well as those who would like information about the procedure in the event it does become necessary during their delivery. This class is offered on **Wednesday, October 9**. NorthBay Medical Center Annex Conference Rooms 1 & 2. Fee: \$10 per couple.

Siblings

"Siblings" will help the brother or sister of the new baby feel more comfortable with the infant. Classes are offered on **Friday, October 18, November 15, and December 20**. NorthBay Medical Center, Annex Conference Rooms 1 & 2. Fee: \$10 for parent and child.

Labor of Love

Labor of Love is a six-part, prepared child birth class. Exercise, breathing and relaxation techniques, the support person's role, post-partum adjustments and hospital procedures all will be included in the instruction. Classes are at NorthBay Medical Center and VacaValley Hospital. Please call the Community Information Line for times and dates. Fee: \$55 per couple.

The Art of Breastfeeding

Whether you are pregnant and planning to breastfeed, or are currently breastfeeding, you can

learn how to make it a more enjoyable experience for you and your baby. This class is offered on **Wednesday, October 2, November 6, and December 4** at NorthBay Medical Center. Fee: \$10 per person or couple.

CPR For Parents

"CPR For Parents" is a seminar which teaches parents basic cardiopulmonary resuscitation for infants and children up to eight years old. The class will be conducted on **Thursday, October 17, November 21, and December 19** at NorthBay Medical Center. Fee: \$10 per person or couple.

Growth and Development

You can make sure your child develops to his or her full mental and physical potential by learning more about nutrition, exercise and recreation. Classes are offered for parents of children in two age groups: birth to one year and one to five years. **"Baby's First Year"** (age 0-1) is offered **Thursday, October 10, and November 14**. **"Baby Grows Up"** (age 1-5) is offered **Thursday, October 24, and December 12**. Fee: \$10 per person or couple.

Look Good - Feel Better

Do you want to learn the latest techniques in disguising the physical changes that occur during cancer treatments? "Look Good - Feel Better" is a seminar offered by the American Cancer Society and NorthBay Medical Center. **Wednesday, October 16, at 7 p.m., Annex Conference Room 1 & 2**. Free.

Stress And Your Stomach

When it comes to stress, the first place many people notice it is in the pit of their stomachs.

Stress can lead to indigestion, ulcers, diarrhea, irritable-bowel syndrome and other digestive problems, according to Intercommunity Medical Group gastroenterologist Merle Sogge, MD.

Researchers are discovering that how you deal with the stress in your life is more important than the amount of stress. One study shows a connection between feelings of anger and hostility and the amount of acid secreted by the stomach. And, unhealthy amounts

of acid can lead to an ulcer.

"It's hard to quantify the stresses in a person's life and say that six different stresses at once will lead to stomach problems," Dr. Sogge said. "How you perceive your problems is a much more important indicator."

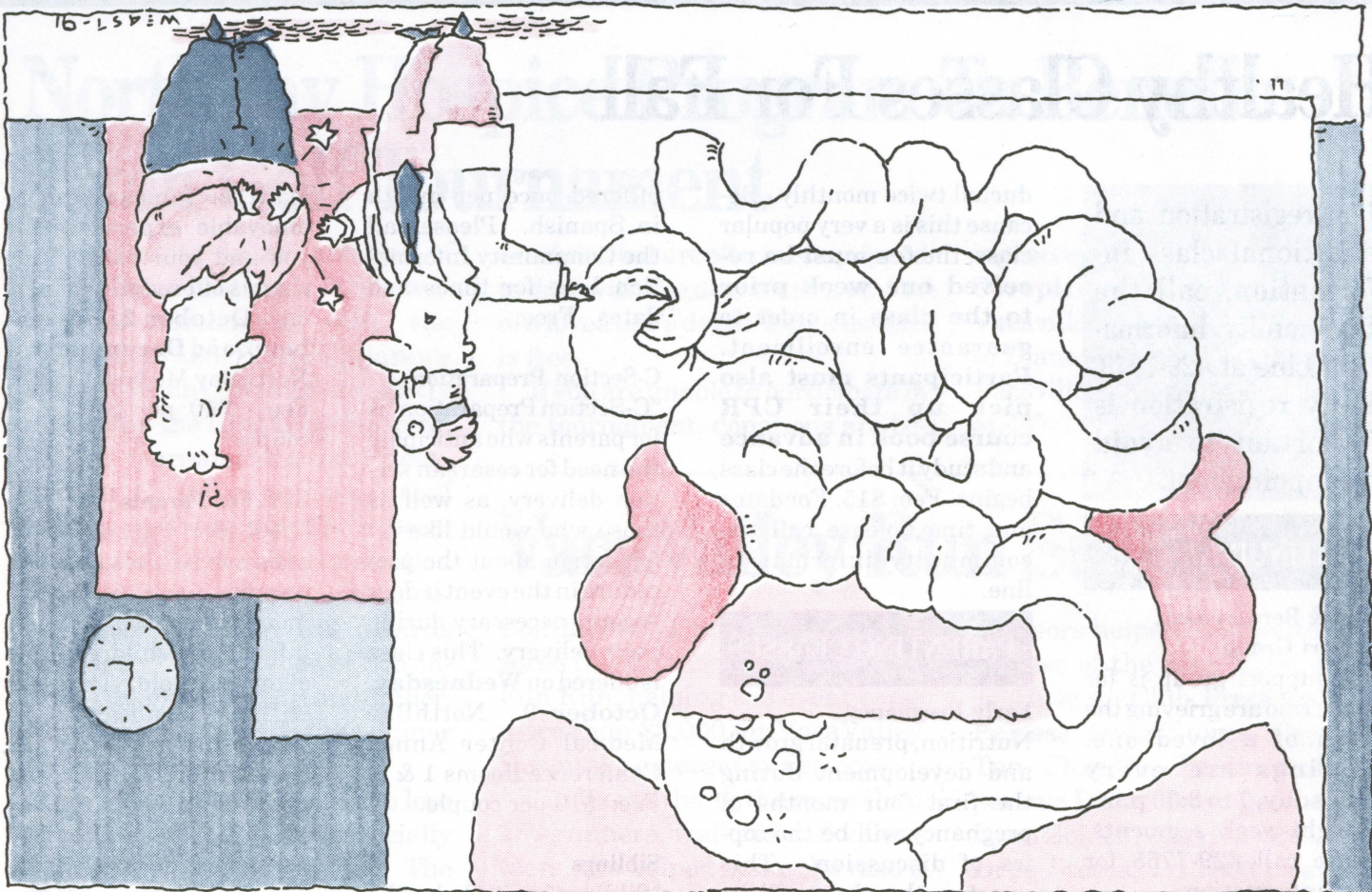
And, some people under stress may smoke or drink more, adding to the stomach's irritation.

"I wish I could say there was a clinical way to correct the effects of stress on the digestive system," Dr. Sogge said. "But dealing with the stress in your life is the main step to eliminating stomach prob-

lems. This might be by taking stress management classes or learning biofeedback."

While the stresses of living that lead to stomach problems can be handled by stress management, another type of stress-caused ulcers cannot.

"When someone receives a shock to their system, perhaps by having a serious accident, they may develop a stress-related peptic ulcer while recovering," Dr. Sogge says. "This is your body's reaction to stress, and is usually controlled with antacid drugs."



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